Health Identification and Planning System
Health Inventory

Revision
4/1/2008

Demographics	#	Health Indicators	RN USE
Consumer Last: First: DMH #: DOB: Address:	1	☐ Non-Hospital Do Not Resuscitate Order	**Delete** ☐ **Add** ☐
	2	☐ Alternative to Cardiopulmonary Resuscitation	☐ ☐
	3	☐ Significant or unexpected decline in Health or Behavior in the past year Describe:	☐ ☐
	4	☐ Choking Precautions or difficulty chewing or swallowing	☐ ☐
	5	☐ Two or more Hospitalizations in the past year Describe:	☐ ☐
	6	☐ Ventilator	☐ ☐
	7	☐ Oxygen therapy	☐ ☐
	8	☐ Tracheostomy	☐ ☐
	9	☐ Suctioning/Airway management	☐ ☐
IP Information Meeting Date: Effective Date:	10	☐ Tube Feeding	☐ ☐
	11a	☐ Bowel Elimination Problems: ☐Impaction ☐ Obstruction ☐ Ostomy	☐ ☐
	11b	☐ Bowel Elimination Problems: ☐Constipation ☐Diarrhea	☐ ☐
Inventory Type ☐ Annual ☐ Initial Placement ☐ Significant Health Change	12	☐ Bladder Elimination Problems: ☐Urinary Catheter ☐Urinary tract or kidney infection >2 occasions in past 6 months or lasts longer than 2 weeks	☐ ☐
	13	☐ Excessive Fluid Intake	☐ ☐
	14	☐ PICA	☐ ☐
Provider Info Regional Office: Residential Provider: Contact Person: Contact Phone:	15	☐ Communicable Disease Concerns: ☐TB ☐Hepatitis A, B or C ☐ HIV ☐STD ☐MRSA	☐ ☐
	16	☐ Decubitus Ulcer(s) or other Skin Breakdown	☐ ☐
	17a	☐ Seizure Disorder – Controlled	☐ ☐
	17b	☐ Seizure Disorder – Uncontrolled **(See Definitions)**	☐ ☐
	18	☐ Dialysis	☐ ☐
	19	☐ Vagus Nerve Stimulation	☐ ☐
Placement Type ☐ ISL ☐ Group – 8 or less ☐ Group – 9+ ☐ FLA ☐ Other	20	☐ Falls on average two or more / month	☐ ☐
	21	☐ Experiences injuries on average two or more/month	☐ ☐
	22	☐ Diabetes	☐ ☐
	23	☐ Use of Insulin for control of Diabetes (Mark in addition to above)	☐ ☐
	24	☐ Use of Anticoagulants (blood thinners) **(See Definitions)**	☐ ☐
Health Inventory Service Coordinator: Inventory by: Date Completed: RN Signature: Date Scored: RN Revision by: RN Revision date:	25	☐ Weight concern: ☐Difficulty **maintaining** ☐Difficulty **losing** ☐ Other weight concern	☐ ☐
	26	☐ Immobility	☐ ☐
	27	☐ Utilizes a Baclofen Pump	☐ ☐
	28	☐ Recurrent Respiratory Infections (more than twice in a year)	☐ ☐
	29	☐ Pain- uncontrolled	☐ ☐
	30	☐ Uses CPAP Mask (continuous positive airway pressure) /BiPAP	☐ ☐
	31	☐ Hypertension	☐ ☐
	32	___ Total Number of Psychotropic Medications	Change to:
	33	___ Total Number of Anticonvulsant Medications	Change to:
	34	___ Total Number of all prescribed medications (**do not count prn meds**)	Change to:
	35	☐ **Other Health Concern** (Provide description in comments below)	Add:
		Total Score:	**Revised Score**

Comments: